

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Pain Management Associates of North Carolina, P.C.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	46-4932221	
4. Debtor's address	Principal place of business 2551 Hendersonvill Road Arden, NC 28704 Number, Street, City, State & ZIP Code Buncombe County	Mailing address, if different from principal place of business 150 Carrington Ln. Winston Salem, NC 27127 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____
Name

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? *Check one:*

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
 District _____ When _____ Case number, if known _____

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____
Name

11. Why is the case filed in this district? *Check all that apply:*

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 29, 2020**
MM / DD / YYYY

X /s/ Granada Neil
Signature of authorized representative of debtor

Title **President**

Granada Neil
Printed name

18. Signature of attorney

X /s/ Dirk W. Siegmund
Signature of attorney for debtor

Date **April 29, 2020**
MM / DD / YYYY

Dirk W. Siegmund 20796
Printed name

Ivey, McClellan, Gatton & Siegmund
Firm name

**100 S. Elm St, Ste. 500
Greensboro, NC 27401**
Number, Street, City, State & ZIP Code

Contact phone **336-274-4658** Email address _____

20796 NC
Bar number and State

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 29, 2020**

X /s/ Granada Neil

Signature of individual signing on behalf of debtor

Granada Neil

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **189,226.12**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **189,226.12**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **29,479,638.28**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1,470.24**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **5,667,297.83**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **35,148,406.35**

Fill in this information to identify the case:Debtor name **Pain Management Associates of North Carolina, P.C.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

First Citizens Bank

3.1. **Account is listed as "Allayant Pain Management, PC"**

Checking**4323****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **Lutheran Services Carolinas- Security Deposit****\$3,600.00**7.2. **Town of Waynesville- Utility Deposit****\$240.00**

Debtor Pain Management Associates of North Carolina, P.C. Case number (If known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$3,840.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 258,080.73 - 72,694.61 = \$185,386.12
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$185,386.12

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.

Debtor Pain Management Associates of North Carolina, P.C. Case number (If known) _____
Name

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Pain Management Associates of North Carolina, P.C. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$3,840.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$185,386.12</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$189,226.12</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$189,226.12</u>

In re **Pain Management Associates of North Carolina, P.C.**

Case No.

Debtor(s)

SCHEDULE A/B - PROPERTY
Attachment A

Account Receivables	7.31.19 AR	Aug	Pymts	Total	Sum of Doubtful
Medicare of NC	20,922.00	47,430.56	(10,992.68)	57,359.88	13,536.53
BCBS of NC	19,706.00	23,308.64		43,014.64	10,542.71
United Healthcare- AARP Medicare Complete	12,836.00			12,836.00	6,931.44
WCO US Department Of Labor	7,176.00			7,176.00	3,236.38
UHC Group Medicare Adv	5,366.00			5,366.00	2,897.64
Medicaid of NC	6,802.00	5,350.10	(6,870.24)	5,281.86	4,305.67
WCO Department of Labor	4,365.00			4,365.00	1,968.62
Medcost	4,072.00			4,072.00	2,443.20
United Healthcare	3,756.00			3,756.00	2,307.38
United Healthcare Community Plan/Dual Co	3,144.00			3,144.00	1,697.76
Self Pay	2,992.00			2,992.00	2,992.00
Humana Gold Plus HMO	2,675.00			2,675.00	1,444.50
Aetna	2,667.00			2,667.00	1,282.16
United Healthcare Dual Complete	2,536.00			2,536.00	1,521.60
United Healthcare - Medicare Replacement	2,053.00			2,053.00	1,108.62
Cigna HealthCare	2,014.00			2,014.00	1,248.68
Humana	1,764.00			1,764.00	952.56
UHC Dual Complete- HMO SNP	1,689.00			1,689.00	1,013.40
UNITED HEALTH CARE	1,466.00			1,466.00	879.60
UMR Benefits Administered	1,324.00			1,324.00	794.40
UHC Dual Complete Choice PPO SNP	1,238.00			1,238.00	668.52
WC ESIS	1,098.00			1,098.00	495.20
Meritain Health	1,058.00			1,058.00	634.80

FirstMedicare Direct	1,055.00		1,055.00	569.70
Healthgram	814.00		814.00	488.40
AARP MedicareComplete/UHC	799.00		799.00	431.46
Law Firm of John C. Hensley, Jr	701.00		701.00	350.50
Railroad Medicare	700.00		700.00	452.90
United Health GEHA	688.00		688.00	412.80
BCBS Medicare Advantage PPO	668.00		668.00	360.72
United Healthcare Choice Plus	637.00		637.00	382.20
WCO Hanover Insurance Company	618.00		618.00	278.72
Wellcare Medicare Replacement	570.00		570.00	307.80
WC Sedgwick	549.00		549.00	247.60
WCO New York State Insurance Fund	549.00		549.00	247.60
Crescent Health Solutions Inc.	118.00	418.74	536.74	70.80
Coresource	505.00		505.00	303.00
Tricare Select	418.00		418.00	230.74
WC Enstar	399.00		399.00	239.40
United Healthcare-Care Improvement Plus	358.00		358.00	193.32
Coordinated Benefits Plan Inc	336.00		336.00	201.60
Tricare East Region	334.00		334.00	185.37
MHBP	324.00		324.00	194.40
UHC Dual Complete RP	304.00		304.00	164.16
Aetna Life Insurance Company	295.00		295.00	177.00
Blue Cross Blue Shield Federal	266.00		266.00	142.31
United Health Shared Services	257.00		257.00	154.20
Humana PPO	221.00		221.00	132.60
Medical Mutual of Ohio	193.00		193.00	115.80
Humana Gold Choice Medicare	192.00		192.00	103.68
Aetna Medicare Replacement				

	170.00	170.00	91.80
Tricare Standard			
	144.00	144.00	79.49
WCO Brentwood Services			
	140.00	140.00	63.14
KEY BENEFIT ADMINISTRATION			
	132.00	132.00	79.20
Maestro Health			
	107.00	107.00	64.20
Group Admin			
	100.00	100.00	60.00
United Health Care Heritage Plus			
	90.00	90.00	54.00
United Healthcare Choice Plus POS			
	62.00	62.00	37.20
NC Blue Medicare PPO			
	50.00	50.00	27.00
NALC - Cigna			
	44.00	44.00	27.28
Amerivantage Dual Coordination			
	42.00	42.00	26.21
MC Wellcare Health Plans			
	35.00	35.00	18.90
Medicare of SC			
	27.00	27.00	17.47
Cigna PPO			
	11.00	11.00	6.60
Total:		185,386.12	72,694.61

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Fidus Investment Corporation <small>Creditor's Name</small> As Lender and Collateral Agent 1603 Orrington #810 Evanston, IL 60201 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 05/06/2014 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Potential Debt- Substantially all assests of Oaktree Medical Center, PC and Labsource, LLC Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$29,354,194.18	Unknown

2.2	US Bank Equipment Finance <small>Creditor's Name</small> 1310 Madrid Street Marshall, MN 56258 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 04/13/2016 Last 4 digits of account number	Describe debtor's property that is subject to a lien Potential Debt-GE Healthcare-CPS Prescription Softwear, Centricity Practice Solution, CPS MU Software- Related Medical Practice Softwear Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$125,444.10	Unknown
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Debtor **Pain Management Associates of North Carolina, P.C.**
Name

Case number (if known)

8988

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$29,479,638.
28

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

West Crt Heavy, LLC
1603 Orrington #810
Evanston, IL 60201

Line 2.1

West Family Investments, Inc.
1603 Orrington #810
Evanston, IL 60201

Line 2.1

West Investment Corporation
1603 Orrington #810
Evanston, IL 60201

Line 2.1

West Investment Holdings, LLC
1603 Orrington #810
Evanston, IL 60201

Line 2.1

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Attorney General of North Carolina 9001 Mail Service Center Raleigh, NC 27699-9001</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Attorney General of the United States US Dept. of Justice 950 Pennsylvania Avenue NW Washington, DC 20530</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address Kathy Motes 260 Ballantyne Common Circle, Apt. 204 Hendersonville, NC 28792	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,225.96	\$1,225.96
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Potential Debt-Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.5	Priority creditor's name and mailing address Kelsey Moody 964 G W Whitmire Road Rosman, NC 28772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$129.36	\$129.36
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Potential Debt-Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.6	Priority creditor's name and mailing address Megan Lancaster 36 Ridge Top Acres Candler, NC 28715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$114.92	\$114.92
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Potential Debt-Unpaid PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

Name

2.7	Priority creditor's name and mailing address North Carolina Department of Revenue PO BOX 25000 Raleigh, NC 27640-0002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Notice Only		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address North Carolina Dept. of Labor 1101 Mail Service Center Raleigh, NC 27699-1101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Notice Only		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Abbott (FKA St. Jude) 22400 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Potential Debt- Trade Payables Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,579.00
3.2	Nonpriority creditor's name and mailing address Accurate Diagnostic 1635 E. North Street Greenville, SC 29607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Potential Debt- Trade Payables Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
3.3	Nonpriority creditor's name and mailing address ADT-7420 25 H-ARD-EFT P.O. Box 371878 Pittsburgh, PA 15250-7878 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Potential Debt- Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.42

Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.4	Nonpriority creditor's name and mailing address Airgas USA, LLC- 2865184 P.O. Box 734672 Dallas, TX 75373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$908.88 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address Airgas USA, LLC- 2900062 P.O. Box 734672 Dallas, TX 75373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$458.72 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address Alfonso Interpreting & Transporting, Inc P.O. Box 27309 Greenville, SC 29616-2204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,962.19 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address Allscripts LLC 24630 Network Place Chicago, IL 60673-1246 Date(s) debt was incurred _____ Last 4 digits of account number <u>6688</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$148,000.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address Aly Elleithee C/O Janet, Janet & Suggs. LLC Gerald Drayton Jowers, Jr 500 Taylor St, Ste 301 Columbia, SC 29201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> <u>Litigation</u> <u>Elleithee v. Solis</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address American Express 1101 PO Box 650448 Dallas, TX 75265-0448 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69,406.92 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Arnall Golden Gregory LLP- #32386 171 17th Street NW Suite 2100 Atlanta, GA 30363 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,642.50 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.11	Nonpriority creditor's name and mailing address Asbury Med-Sure, LLC (Roger Yapp) 1560 Asbury Ave Winnetka, IL 60093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,430.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Asheville Fire Protection Co., Inc. PO Box 6798 Asheville, NC 28816 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$43.50 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Bannister, Wyatt & Stalvey, LLC 401 Pettigru Street Greenville, SC 29601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,736.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address BCBS of NC Financial Processing Services PO Box 30048 Durham, NC 27702 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28.63 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address BHHS John M Brabham Real Estate Davis Properties 1081 Alice Drive Sumter, SC 29151 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,790.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Biochemical Diagnostics, Inc. 180 Heartland Boulevard Edgewood, NY 11717 Date(s) debt was incurred _____ Last 4 digits of account number <u>0900</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,335.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Bioventus LLC PO Box 732823 Dallas, TX 75373-2823 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,500.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

Name

3.18	<p>Nonpriority creditor's name and mailing address Blake Leche Dunlaevy Law Firm c/o Jeffery P. Dunlaevy 37 Villa Rd, Ste. 440 Greenville, SC 29615</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt Litigation</u> <u>Leche v. Emergencymd LLC</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p>
<hr/>			
3.19	<p>Nonpriority creditor's name and mailing address Boon Administrative Services Attn: Claims Austin, TX 78755</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$169.13</p>
<hr/>			
3.20	<p>Nonpriority creditor's name and mailing address Brandy Knight c/o Bluestein Thompson Sullivan, LLC Allison Paige Sullivan PO Box 7965 Columbia, SC 29202</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt Litigation</u> <u>United States v. Oaktree Medical Centre, PC</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p>
<hr/>			
3.21	<p>Nonpriority creditor's name and mailing address Bullington Associates, Inc 4240 N Blackstock Rd Spartanburg, SC 29301</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$769.40</p>
<hr/>			
3.22	<p>Nonpriority creditor's name and mailing address Cadwell Laboratories, Inc 909 N Kellogg St Kennewick, WA 99336</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number <u>3725</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,419.12</p>
<hr/>			
3.23	<p>Nonpriority creditor's name and mailing address Caine & Weiner PO Box 5010 Woodland Hills, CA 91365-5010</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Patient Refund</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,447.19</p>

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

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3.24	<p>Nonpriority creditor's name and mailing address Catherine Thompson- Personal Represent c/o William J Tuck, P A For the Estate of Rebecca Mathew Cassidy PO Box 933 Darlington, SC 29540</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt Litigation Cassidy v. Solis</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.25	<p>Nonpriority creditor's name and mailing address Cerilliant Corporation 811 Paloma Drive, Suite A Round Rock, TX 78665</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number <u>3105</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt- Trade Payables</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$12,445.20
3.26	<p>Nonpriority creditor's name and mailing address Chapman and Cutler, LLP P.O. Box 71291 Chicago, IL 60694</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt- Legal Services</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$147,806.50
3.27	<p>Nonpriority creditor's name and mailing address City of Asheville Water P.O. 733 Asheville, NC 28802-0733</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt- Utilities</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$386.77
3.28	<p>Nonpriority creditor's name and mailing address City of Asheville Water Bill Acct# 0078 PO Box 733 Asheville, NC 28802-0733</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number <u>0078</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt- Utilities</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$386.77
3.29	<p>Nonpriority creditor's name and mailing address City of Charleston Address Unavailable at Time of Filing</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt Litigation City of Charleston v. Purdue Pharma Lo., ET AL</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.30	<p>Nonpriority creditor's name and mailing address City of Florence -8471 CC City Services Bill PO Box 602756 Charlotte, NC 28260-2756</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number <u>1491</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Debt- Utilities</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$248.10

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

Name

3.31	<p>Nonpriority creditor's name and mailing address Clia Laboratory Program PO Box 3056 Portland, OR 97208-3056</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$360.00
3.32	<p>Nonpriority creditor's name and mailing address Clint Pharmaceuticals 629 Shute Lane Old Hickory, TN 37138</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number <u>0509</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$833.93
3.33	<p>Nonpriority creditor's name and mailing address CMI, Inc 2090 Relable Parkway Chicago, IL 60686</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$73.42
3.34	<p>Nonpriority creditor's name and mailing address Comast PO Box 105257 Atlanta, GA 30348-5257</p> <p>Date(s) debt was incurred <u>Various</u></p> <p>Last 4 digits of account number <u>012</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$578.88
3.35	<p>Nonpriority creditor's name and mailing address County of Greenville c/o Harrison White, PC John B White, Jr 178 W Main St Spartanburg, SC 29306</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt</u> <u>Litigation</u> <u>County of Greenville v. Rite Aid of SC, Inc</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.36	<p>Nonpriority creditor's name and mailing address Coverys PO Box 981024 Boston, MA 02298</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$30.00
3.37	<p>Nonpriority creditor's name and mailing address Creekridge Capital, LLC 7808 Creekridge Circle Suite 250 Minneapolis, MN 55439-2647</p> <p>Date(s) debt was incurred <u>08/25/14</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Debt- Trade Payables</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____
Name

3.38 Nonpriority creditor's name and mailing address **Crystal Springs Various**
PO Box 660579
Dallas, TX 75266-0579
Date(s) debt was incurred Various
Last 4 digits of account number 6528
As of the petition filing date, the claim is: *Check all that apply.* **\$413.92**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: Potential Debt- Trade Payables
Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address **CSP Insurance Services**
2420 Hoffmeyer Rd Suite D
Florence, SC 29501
Date(s) debt was incurred
Last 4 digits of account number
As of the petition filing date, the claim is: *Check all that apply.* **\$948.70**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: Potential Debt- Trade Payables
Is the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address **Custom Indoor Services (Cleaning)**
106 Sherbert Court
Spartanburg, SC 29303
Date(s) debt was incurred Various
Last 4 digits of account number
As of the petition filing date, the claim is: *Check all that apply.* **\$1,395.00**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: Potential Debt- Trade Payables
Is the claim subject to offset? ☒ No ☐ Yes

3.41 Nonpriority creditor's name and mailing address **Dixon Board, Office of Investigations**
Attn: Carmen Felton- Barner
SC Dept of Labor Licensing & Regulation
PO Box 11329
Columbia, SC 29211-1329
Date(s) debt was incurred
Last 4 digits of account number
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: Potential Debt
Litigation
Dixon Board Complaint
Is the claim subject to offset? ☒ No ☐ Yes

3.42 Nonpriority creditor's name and mailing address **Dominion Energy**
PO Box 100255
Columbia, SC 29202-3255
Date(s) debt was incurred Various
Last 4 digits of account number 0386
As of the petition filing date, the claim is: *Check all that apply.* **\$1,442.14**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: Potential Debt- Utilities
Is the claim subject to offset? ☒ No ☐ Yes

3.43 Nonpriority creditor's name and mailing address **Donna Rauch**
c/o Bluestein Thompson Sullivan, LLC
Allison Paige Sullivan
PO Box 7965
Columbia, SC 29202
Date(s) debt was incurred
Last 4 digits of account number
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: Potential Debt
Litigation
United States v. Oaktree Medical Centre, PC
Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Pain Management Associates of North Carolina, P.C.		Case number (if known)	
	Name			

3.44	Nonpriority creditor's name and mailing address Donna Rauch c/o Rothstein Law Firm, PA David Rothstein 1312 Augusta St Greenville, SC 29605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt Litigation</u> <u>Raugh v. Oaktree Medical Centre, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.45	Nonpriority creditor's name and mailing address Duke Energy Progress PO Box 1003 Charlotte, NC 28201-1003 Date(s) debt was incurred ____ Last 4 digits of account number <u>4782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.36
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3.46	Nonpriority creditor's name and mailing address Easley Comb Utilities-64622001-BC-ES EF PO Box 619 Easley, SC 29641-0619 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,314.51
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3.47	Nonpriority creditor's name and mailing address Ecclinical Works, LLC PO Box 847950 Boston, MA 02284-7950 Date(s) debt was incurred ____ Last 4 digits of account number <u>4142</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,019.16
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3.48	Nonpriority creditor's name and mailing address Electric City Utilities CC City of Anderson PO Box 63061 Charlotte, NC 28263 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.35
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3.49	Nonpriority creditor's name and mailing address Electrode Store, The PO Box 188 Enumclaw, WA 98022 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,591.00
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3.50	Nonpriority creditor's name and mailing address Elliot Davis Decosimo, LLC PO Box 6286 Greenville, SC 29606-6286 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,545.16
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.51	Nonpriority creditor's name and mailing address Employment Screening Services, LLC Dept K, PO Box 830520 Birmingham, AL 35283 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$667.50 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Employment Security Commission 2301 West Meadowview Road Greensboro, NC 27407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Ever Green Enviromental, LLC PO Box 25627 Greenville, SC 29616 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Fagron Sterile Services (JCB) 8710 E 34th St. N Wichita, KS 67226 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,768.75 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Fibrenew 117 Boardwalk Run Rock Hill, SC 29732 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,025.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address First Citizens Bank & Trust Company Attn: Natasha Drews PO Box 29 Columbia, SC 29202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address First Citizens Bank-Visa PO Box 63038 Charlotte, NC 28263-3038 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,778.19 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

Name

3.58	Nonpriority creditor's name and mailing address Fisher Scientific Account #038451-001 PO Box 404705 Atlanta, GA 30384-4705 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>8451</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,679.98
3.59	Nonpriority creditor's name and mailing address Forethought PO Box 16500 Clearwater, FL 33766-6500 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.87
3.60	Nonpriority creditor's name and mailing address Forgione c/o David Gould Dash & Assocs., Attn: Molly Rowan One Liberty Plaza, 165 Broadway, FL. 23 New York, NY 10006 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> <u>Litigation</u> <u>Forgione Patient Complaint</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.61	Nonpriority creditor's name and mailing address G-Five, Inc. 297-H Garlington Rd Greenville, SC 29615 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,626.73
3.62	Nonpriority creditor's name and mailing address Garfield Signs & Graphics, LLC 203 Ford Street Greer, SC 29650 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.87
3.63	Nonpriority creditor's name and mailing address GE Healthcare IITS USA Corp 15724 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727,931.70
3.64	Nonpriority creditor's name and mailing address GE Healthcare-Chicago Software & Training c/o OEC Medical Systems Inc 2984 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>5403</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201,943.55

Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.65	Nonpriority creditor's name and mailing address GEHA PO Box 410014 Kansas City, MO 64179-9775 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.99
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3.66	Nonpriority creditor's name and mailing address Georgetown Physician Services LLC c/o Nelson Mullins Riley & Scarborough Susan P Macdonald PO Box 3939 Myrtle Beach, SC 29578 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> <u>Litigation</u> <u>Georgetown Physicians Services v. Snoderly</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.67	Nonpriority creditor's name and mailing address Great Heron - W Columbia EFT Frank Hahne 208 Barnacle Circle Lexington, SC 29072 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,460.00
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3.68	Nonpriority creditor's name and mailing address Greenville Office Supply (GOS) PO Box 3358 Greenville, SC 29602 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,952.25
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3.69	Nonpriority creditor's name and mailing address Greenville Water PO Box 687 Greenville, SC 29602-0687 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.55
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3.70	Nonpriority creditor's name and mailing address Grove 1005 - Grove Rd Greenville 25 Airpark Court Greenville, SC 29607 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151,047.42
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3.71	Nonpriority creditor's name and mailing address Halyard Sales, LLC (Avanos) PO Box 732583 Dallas, TX 75373-2583 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,906.09
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.72	Nonpriority creditor's name and mailing address Hatchell Landscape-FLO PO Box 5320 Florence, SC 29502 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Henry Schein- 4636 - EFT PO Box 371952 Pittsburgh, PA 15250 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u>4636</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65,930.06 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Highland Center Drive- Columbia c/o Trinity Partners Management - AR 440 S Church St, Ste 800 Charlotte, NC 28202 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,377.66 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Humana Gold Choice PO Box 14601 Lexington, KY 40512-4601 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.79 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Huron Consulting Services, LLC 4795 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,083,590.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Consulting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address IMCS Integrated Micro-Chromatography Sys 110 Centrum Drive Irmo, SC 29063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,865.40 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address Immedion, LLC PO Box 745116 Atlanta, GA 30374-5116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,319.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.79	Nonpriority creditor's name and mailing address Infinity Enterprises-Florence c/o Dr Dean Banks 9303 Venezia Circle Myrtle Beach, SC 29579 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$274,076.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address Integra Pain Management PO Box 100416 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,800.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address ION Technology Support, Inc. 1204 Copeland Oaks Drive Morrisville, NC 27560 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address Iron Mountain- SC77X PO Box 27128 New York, NY 10087-7128 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$315.04 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address Iron Mountain- SR995-Storage PO Box 27128 New York, NY 10087-7128 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,134.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address James Earle's Cleaning Services (1099) PO Box 251 Sandy Springs, SC 29677 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address JANT Pharmacal 16530 Ventura Blvd, Suite 512 Encino, CA 91436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$520.56 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C.		Case number (if known)	
Name				
3.86	Nonpriority creditor's name and mailing address Johnson Controls Security Solutions PO Box 371967 Pittsburgh, PA 15250-7967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$749.73
3.87	Nonpriority creditor's name and mailing address Jones Day 1420 Peachtree Street, NE, Suite 800 Atlanta, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$1,867,873.44
3.88	Nonpriority creditor's name and mailing address Konig PM LLC c/o Dunlaevy Law Firm Jeffrey P Dunlaevy 37 Villa Rd., Ste. 440 Greenville, SC 29615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>Leche vs. EmergencyMC LLC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.89	Nonpriority creditor's name and mailing address Kudzu Staffing, Inc. PO Box 51627 Powdersville, SC 29673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$5,453.58
3.90	Nonpriority creditor's name and mailing address Labtech Diagnostics 1502 E Greenville Street Anderson, SC 29621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$1,931.86
3.91	Nonpriority creditor's name and mailing address Lipomed 150 Cambridge Park Drive, Suite 705 Cambridge, MA 02140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$2,340.00
3.92	Nonpriority creditor's name and mailing address Lucious Dana Sapp c/o Parham Smith & Archenhold, LLC Ashlee Edwards Winkler 15 Washington Park Greenville, SC 29601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>Sapp vs. Firstchoice Healthcare, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown

Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.93	Nonpriority creditor's name and mailing address Lutheran Services-Arden, NC Attn: Kirby Nickerson PO Box 947 Silverstreet, SC 29145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,106.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address Mag Mutual Insurance Agency, LLC PO Box 52979 Atlanta, GA 30355-0979 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,138.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address Magnacare PO Box 1001 Garden City, NY 11530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12.64 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address Marion Davis Inc. PO Box 2429 Easley, SC 29641-2429 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2.13 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address Marlene Sapp c/o Parham Smith & Archenhold, LLC Ashlee Edwards Winkler 15 Washington Park Greenville, SC 29601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>Sapp vs. First Choice Healthcare, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Mary Black Health- Spartaburg SRHS- Accounting Attn: Dana Horton Spartanburg, SC 29303 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,533.68 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address McGuireWoods, LLP Attn: Account Receivable 800 E. Canal Richmond, VA 23219-3916 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,725.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.100	Nonpriority creditor's name and mailing address Mckesson Medical- Surgical PO Box 634404 Cincinnati, OH 45263-4404 Date(s) debt was incurred _____ Last 4 digits of account number <u>6784</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$847.91 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address Medical Laborator Solutions, Inc. 270 Rutledge Rd., Ste D Fletcher, NC 28732 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,942.50 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address Mediplus PO Box 9126 Des Moines, IA 50306 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$276.77 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	Nonpriority creditor's name and mailing address Medtronic Inc., USA PO Box 409201 Atlanta, GA 30384-9201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,335.36 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	Nonpriority creditor's name and mailing address MP Computer Systems Inc. PO Box 5752 Florence, SC 29502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address MSA CAre Guard PO Box 827 Burlington, MA 01803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$306.58 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	Nonpriority creditor's name and mailing address Muriel Calhoun c/o Bluestein Thompson Sullivan LLC Allison Paige Sullivan PO Box 7965 Columbia, SC 29202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. Oaktree Medical Centre, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.107	Nonpriority creditor's name and mailing address Muriel Calhoun c/o Bluestein Thompson Sullivan LLC Allison Paige Sullivan PO Box 7965 Columbia, SC 29202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. Oaktree Medical Centre, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.108	Nonpriority creditor's name and mailing address My Web Ninja LLC 400 W Legion Blvd. Owensboro, KY 42303 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,920.00
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3.109	Nonpriority creditor's name and mailing address NALC- CIGNA PO Box 188004 Chattanooga, TN 37422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.06
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3.110	Nonpriority creditor's name and mailing address Nelson Mullins Riley&Scarborough LLP EFT 104 South Main Street Ninth Floor Greenville, SC 29601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,507.50
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3.111	Nonpriority creditor's name and mailing address Norma Lee Wilson c/o George Brown Lowe Yeager & Brown PLLC 900 S. Gay St., Ste. 2102 Knoxville, TN 37902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>Wilson vs. Lowe</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.112	Nonpriority creditor's name and mailing address Ogletree Deakins PO Box 89 Columbia, SC 29202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,579.09
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3.113	Nonpriority creditor's name and mailing address OTIS Elevator Company PO Box 73579 Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,124.80
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.114	Nonpriority creditor's name and mailing address Palmetto GBA/Medicare-SC Finance & Accounting PO Box 100246 Columbia, SC 29202-3280 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,722.31 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115	Nonpriority creditor's name and mailing address PERMA PO Box 183188 Columbus, OH 43218 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$549.16 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	Nonpriority creditor's name and mailing address Phenomenex 411 Madrid Avenue Torrance, CA 90501-1430 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,943.34 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.117	Nonpriority creditor's name and mailing address Pioneer credit Recovery PO Box 979113 Saint Louis, MO 63197-9000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,302.72 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address Platinum Code 8095 215th Street W Lakeville, MN 55044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,131.26 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address Plumbers and Pipefitters PO Box 840 Montgomery, AL 36120-2000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.91 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120	Nonpriority creditor's name and mailing address PMD- Lakeside 209 Depot Street, Suite B Greer, SC 29651 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$85.86 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.121	Nonpriority creditor's name and mailing address POMCO PO BOX 118 Syracuse, NY 13206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8.73 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address Premium Funding Associates, Inc. 1 World Financial Center 200 Liberty Street New York, NY 10281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address Printtek 57 Batesville Court Greer, SC 29650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$723.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	Nonpriority creditor's name and mailing address Purchase Power-0962-0380-Corp EFT PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,787.28 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	Nonpriority creditor's name and mailing address Pye-Barker Fire and Safety LLC PO Box 69 Roswell, GA 30077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$117.70 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	Nonpriority creditor's name and mailing address Qualcare, Inc. PO Box 249 Piscataway, NJ 08855-0241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.13 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	Nonpriority creditor's name and mailing address Quartzzy, Inc. Dept 3895 PO Box 123895 Dallas, TX 75312-3895 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,231.32 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.128	Nonpriority creditor's name and mailing address ReadyRedresh by Nestle PO Box 856192 Louisville, KY 40285-6192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$181.27 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.129	Nonpriority creditor's name and mailing address Reflections Maintenance Services, Inc. PO Box 2105 Leicester, NC 28748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	Nonpriority creditor's name and mailing address Registered Agent Solutions Inc. 1701 Directors Blvd, Suite 300 Austin, TX 78744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$477.73 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address RMG-Osteoarthritis Centers of Amer Osteoarthritis Centers of America 1937 West Palmetto St. Florence, SC 29501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Robert Mathewson c/o Louthian Law Firm, PA Herbert W. Louthian, Jr. PO Box 1299 Columbia, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address Roberts Development-Anderson PO Box 393 Anderson, SC 29622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,650.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Robinson Bradshaw & Hinson, PA 101 N Tryon Street, Suite 1900 Charlotte, NC 28246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$138,874.39 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.135	Nonpriority creditor's name and mailing address Rojas Landscaping, LLC (1099) 228 Old Cedar Rock Rd. Easley, SC 29640 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,950.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Safety-Klenn Systems, Inc. PO Box 650509 Dallas, TX 75265-0509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,526.57 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Santee Cooper-393782 EFT PO Box 188 Moncks Corner, SC 29461-0188 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$772.11 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address SC Department of Health & Environmental PO Box 100103 Columbia, SC 29202-3103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$450.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Scrub SHop, The 1000 N Pine St. #4 Spartanburg, SC 29303 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address SE Construction, LLC PO Box 428 Piedmont, SC 29673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$437.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Security Central PO Box 602371 Charlotte, NC 28260-2371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$210.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.142	Nonpriority creditor's name and mailing address Select Laboratory- SC PO Box 13030 Greensboro, NC 27415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,112.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address SFM Risk Soulutions PO Box 9416 Minneapolis, MN 55440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,423.38 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address Shaul Law 3330 Chumberland Blvd SE Suite 925 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,335.80 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address Shred A Way- 25H-ARD PO Box 161732 Boiling Springs, SC 29316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$280.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	Nonpriority creditor's name and mailing address Smith Jordan & Lavery PA 16-0329E PO Box 1207 Easley, SC 29641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,986.86 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address Smith, Jordan & Levery, PA Attn: Grady Jordan PO Box 1207 Easley, SC 29641 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3.32 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.148	Nonpriority creditor's name and mailing address Southern Guanty Inc. Company PO BOx 14770 Lexington, KY 40512-4000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39.57 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____
Name

3.149 Nonpriority creditor's name and mailing address **Special Funds**
60 E 42nd St.
New York, NY 10165-2799
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$1,371.78**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: **Potential Debt- Customer Credit Balance**
Is the claim subject to offset? ☒ No ☐ Yes

3.150 Nonpriority creditor's name and mailing address **Spectrio**
PO Box 890271
Charlotte, NC 28289-0271
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$157.35**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: **Potential Debt- Trade Payables**
Is the claim subject to offset? ☒ No ☐ Yes

3.151 Nonpriority creditor's name and mailing address **Spectrum Business**
PO Box 742614
Cincinnati, OH 45274-2614
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$5,153.65**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: **Potential Debt**
Is the claim subject to offset? ☒ No ☐ Yes

3.152 Nonpriority creditor's name and mailing address **Stanford Dosimetry, LLC**
1204 Raymond St
Bellingham, WA 98229
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$108.00**
☐ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: **Potential Debt- Trade Payables**
Is the claim subject to offset? ☒ No ☐ Yes

3.153 Nonpriority creditor's name and mailing address **Staples Business Advantage**
P.O. Box 105638
Atlanta, GA 30348-5638
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$180.64**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Potential Debt- Trade Payables**
Is the claim subject to offset? ☒ No ☐ Yes

3.154 Nonpriority creditor's name and mailing address **State of Georgis EX REL Terri Nix**
c/o Officer of the Attorney General
Sara E. Vann-Georgia Medicaid Frud Unit
200 Piedmont Ave. SE West Tower, FL 19
Atlanta, GA 30334
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **Potential Debt- Litigation**
United States vs. United Biologics, LLC d/b/a United Allergy Services
f/k/a United Allergy Labs
Is the claim subject to offset? ☒ No ☐ Yes

3.155 Nonpriority creditor's name and mailing address **Stephanie Webb**
c/o Richardson Plowden & Robinson, PA
C Clifford Rollins
PO Box 7788
Columbia, SC 29202
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☒ Contingent
☒ Unliquidated
☐ Disputed
Basis for the claim: **Potential Debt- Litigation**
Webb vs. Oaktree Medical Centre, PC
Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.156	Nonpriority creditor's name and mailing address Stericycle, Inc. PO Box 6582 Carol Stream, IL 60197-6582 Date(s) debt was incurred _____ Last 4 digits of account number <u>0165</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,490.69 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.157	Nonpriority creditor's name and mailing address Stericycle, Inc. PO Box 6582 Carol Stream, IL 60197-6582 Date(s) debt was incurred _____ Last 4 digits of account number <u>0496</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$197.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158	Nonpriority creditor's name and mailing address Stone's Pest Services, LLC PO Box 13443 Florence, SC 29504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$170.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.159	Nonpriority creditor's name and mailing address Stryker Sales Corp (Cactus) PO Box 70119 Chicago, IL 60673-0119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,828.41 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address Terri Nix c/o Bracker & Marcus LLC Jason Marcus 3225 Shallowford Rd., Ste. 1120 Marietta, GA 30062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. United Biologics, LLC d/b/a United Allergy Services</u> <u>f/k/a United Allergy Labs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address The Benefit Company PO Box 211486 Columbia, SC 29221 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$292.75 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address Thrivent PO Box 14057 Clearwater, FL 33766 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.86 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name _____	Case number (if known) _____
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3.163	Nonpriority creditor's name and mailing address Total Medical Equipment Sales, Inc. Kyle Blackwell 3000 Old Alabama Rd 119-110 Alpharetta, GA 30022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,989.13 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.164	Nonpriority creditor's name and mailing address Town of Waynesville CC 9 S Main Street, Suite 110 Waynesville, NC 28786 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$135.23 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.165	Nonpriority creditor's name and mailing address Tracy Hawkins c/o Kassel Mcvey John D. Kassel PO Box 1476 Columbia, SC 29202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. Oaktree Medical Centre, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.166	Nonpriority creditor's name and mailing address Transmed Co, LLC Drug Testing & Laboratory Supplies 1595 Peachtree Pkwy, Suite 204-350 Cumming, GA 30041 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,313.75 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.167	Nonpriority creditor's name and mailing address Travelers Ins Property Casualty PO Box 4614 Buffalo, NY 14240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101.15 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.168	Nonpriority creditor's name and mailing address Uline Accounts Receivable PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$979.50 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.169	Nonpriority creditor's name and mailing address Uniform Advantage Attn: Accounts Receivable PO Box 14190 Fort Lauderdale, FL 33302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$574.93 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.170	Nonpriority creditor's name and mailing address Upstate Exterminating & Pest Cntrol Inc 324 Our Road Pickens, SC 29671 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$450.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.171	Nonpriority creditor's name and mailing address US Compounding 1270 Don's Lane Conway, AR 72032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,530.00 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Trade Payables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172	Nonpriority creditor's name and mailing address US of America Ex REL Donna Rauch c/o Office of the US Attorneys Muriel Calhoun & brandy Knight 1441 Main Street, Suite 500 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. Oaktree Medical Centre, OC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.173	Nonpriority creditor's name and mailing address US of America Ex REL Robert Mathewson c/o Office of the US Attorneys Elizabeth C. Warren 1441 Main Street, Suite 500 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. Oaktree Medical Centre, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address US of America Ex REL Terri Nix c/o Office of the US Attorneys-ATL600 Neel Ben-David,Northen District of GA 600 U S Courthouse, 75 TED Turner DR SW Atlanta, GA 30303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. United Biologics, LLC d/b/a United Allergy Services</u> <u>f/k/a United Alergy Labs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address US of America Ex REL Tracy Hawkins c/o Office of the US Attorneys Elizabeth C. Warren 1441 Main Street, Suite 500 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Litigation</u> <u>United States vs. Oaktree Medical Centre, PC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Pain Management Associates of North Carolina, P.C. Name	Case number (if known) _____
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3.176	Nonpriority creditor's name and mailing address Waste Management PO Box 4648 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$149.60 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	Nonpriority creditor's name and mailing address WC Bunch & Associates PO Box 32037 Lakeland, FL 33807-2002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.33 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.178	Nonpriority creditor's name and mailing address WC State of Connecticut 55 Elm St Hartford, CT 06106-1746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$329.46 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address WCO Broadspire/Medcor-WCO PO Box 14645 Lexington, KY 40512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$751.86 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.180	Nonpriority creditor's name and mailing address WCO Connecticut Interlocal Risk Manageme PO Box 9558 New Haven, CT 06535-0558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.02 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	Nonpriority creditor's name and mailing address WCO Gallagher Bassett Services PO BOX 2831 Clinton, IA 52733-2801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,071.59 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	Nonpriority creditor's name and mailing address WCO Medivest 2100 Alafaya Trl Oviedo, FL 32765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$761.68 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Debt- Customer Credit Balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

Name

3.183 Nonpriority creditor's name and mailing address **Wesley Janitorial Service LLC**
PO Box 3553
Columbia, SC 29230
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$750.00**
☐ Contingent
☒ Unliquidated
☐ Disputed
 Basis for the claim: **Potential Debt- Trade Payables**
 Is the claim subject to offset? ☒ No ☐ Yes

3.184 Nonpriority creditor's name and mailing address **Windstream-1517 EFT**
PO Box 9001950
Louisville, KY 40290-1950
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$393.46**
☐ Contingent
☒ Unliquidated
☐ Disputed
 Basis for the claim: **Potential Debt- Utilities**
 Is the claim subject to offset? ☒ No ☐ Yes

3.185 Nonpriority creditor's name and mailing address **X-Ray Compliance Soulution, LLC**
2080 Owens Rd
Leesville, SC 29070
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$1,250.00**
☐ Contingent
☒ Unliquidated
☐ Disputed
 Basis for the claim: **Potential Debt- Trade Payables**
 Is the claim subject to offset? ☒ No ☐ Yes

3.186 Nonpriority creditor's name and mailing address **XACT Data Discovery**
DBA XACT Data Discovery
5800 Foxridge Dr, Ste 406
Mission, KS 66202
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$80,000.00**
☐ Contingent
☒ Unliquidated
☐ Disputed
 Basis for the claim: **Potential Debt- Trade Payables**
 Is the claim subject to offset? ☒ No ☐ Yes

3.187 Nonpriority creditor's name and mailing address **York X-Ray- M498-Anderson**
PO Box 326
Lyman, SC 29365
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$125.00**
☐ Contingent
☒ Unliquidated
☐ Disputed
 Basis for the claim: **Potential Debt- Trade Payables**
 Is the claim subject to offset? ☒ No ☐ Yes

3.188 Nonpriority creditor's name and mailing address **York X-Ray- M568 WEst Columbia**
PO Box 326
Lyman, SC 29365
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.* **\$1,554.48**
☐ Contingent
☒ Unliquidated
☐ Disputed
 Basis for the claim: **Potential Debt- Trade Payables**
 Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

	Name		
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Imaging Solutions Healthcare, LLC Anderson, Bottrell, Sanden & Thompson c/o Michael J Hofer 5257 27th St S, Ste. 101 Fargo, ND 58104	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Imaging Solutions Healthcare, LLC c/oAnderson, Bottrell, Sanden & Thompson David J Hauff PO Box 10247 Fargo, ND 58104	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Imaging Solutions Healthcare, LLC Anderson, Bottrell, Sanden & Thompson c/o Michael J Hofer 5257 27th St S, Ste. 101 Fargo, ND 58104	Line <u>3.66</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Imaging Solutions Healthcare, LLC c/oAnderson, Bottrell, Sanden & Thompson David J Hauff PO Box 10247 Fargo, ND 58104	Line <u>3.66</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Konig PM LLC c/o Blake Leche 109 Waverly Hall LN Simpsonville, SC 29681	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,470.24</u>
5b. +	\$ <u>5,667,297.83</u>
5c.	\$ <u>5,668,768.07</u>

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **SC- Healthcare claims payments**

State the term remaining **4 months**

List the contract number of any government contract _____

**AARP- (united Healthcare) Medicare
107 Westpark Blvd., Suite 110
Columbia, SC 29210**

2.2. State what the contract or lease is for and the nature of the debtor's interest **SC-Healthcare claims payments**

State the term remaining **11 months**

List the contract number of any government contract _____

**Absolute Total Care
1441 Main Street #900
Columbia, SC 29201**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Workers Compensation Insurance Policy**

State the term remaining **Unknown**

List the contract number of any government contract _____

**Accident Fund (Workers Compensation)
Insurance Company of America
P.O. Box 489017990
Lansing, MI 48901**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Securoty Monitoring**

State the term remaining **Unknown**

List the contract number of any government contract _____

**ADT
PO Box 371878
Pittsburgh, PA 15250-7878**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **NC-Healthcare Claims Payments**

State the term remaining **Unknown**

List the contract number of any government contract

Aetna
5000 Centre Green Way, Suite 350
Cary, NC 27513

2.6. State what the contract or lease is for and the nature of the debtor's interest **Oxygen Cylinder Rentals**

State the term remaining **Unknown**

List the contract number of any government contract

Airgas USA, LLC
PO Box 734672
Dallas, TX 75373

2.7. State what the contract or lease is for and the nature of the debtor's interest **Fax Services**

State the term remaining **Unknown**

List the contract number of any government contract

Alhambra US
8 Governor Wentworth Hwy
Wolfeboro, NH 03894

2.8. State what the contract or lease is for and the nature of the debtor's interest **Software Contract and Online Banking Addendum to Master Purchase Agreement and**

State the term remaining **Unknown**

List the contract number of any government contract

Allscripts LLC
24630 Network Place
Chicago, IL 60673-1246

2.9. State what the contract or lease is for and the nature of the debtor's interest **Employee Benefits Contracts**

State the term remaining **Unknown**

List the contract number of any government contract

Ameritas Life Insurance Corp-Dental
PO Box 81889
Lincoln, NE 68501-1889

2.10. State what the contract or lease is for and the nature of the debtor's interest **Answering Services Contract**

State the term remaining **Unknown**

Answerprocommunications, LLC
PO Box 890340
Charlotte, NC 28289-0340

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Medical Consulting Contract**

State the term remaining **Unknown**

List the contract number of any government contract

Asbury Med-Sure, LLC (Roger Yapp)
1560 Asbury Ave
Winnetka, IL 60093

2.12. State what the contract or lease is for and the nature of the debtor's interest **EMR and Billing System**

State the term remaining **Unknown**

List the contract number of any government contract

Athenahealth
311 Arsenal Street
Watertown, MA 02472

2.13. State what the contract or lease is for and the nature of the debtor's interest **NC- Healthcare Claims Payments**

State the term remaining **Unknown**

List the contract number of any government contract

Blue Cross Blue Shield of NC (Medicare)
4615 University Drive
Durham, NC 27702

2.14. State what the contract or lease is for and the nature of the debtor's interest **NC- Healthcare Claims Payments**

State the term remaining **Unknown**

List the contract number of any government contract

Blue Cross Blue Shield of North Carolina
Attn: Vice Pres. Network Management
P.O. Box 2291
Durham, NC 27702

2.15. State what the contract or lease is for and the nature of the debtor's interest **SC- Healthcare Claims Payments**

State the term remaining **2 months**

List the contract number of any government contract

BlueChoice Health of South Carolina
1-20 at Alpine Road
Mail Code: AX-E13
Columbia, SC 29219

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest **Physician Participation Agreement**

State the term remaining

List the contract number of any government contract _____

**ChoiceCare Network
 Attn: President
 P.O. Box 19013
 Green Bay, WI 54307**

2.17. State what the contract or lease is for and the nature of the debtor's interest **SC- Healthcare Claims Payments**

State the term remaining

8 months

List the contract number of any government contract _____

**CIGNA Healthcare of South Carolina, Inc.
 Attn: Director of Provider
 400 Faber Place, 2nd Floor
 North Charleston, SC 29405-8583**

2.18. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

05/31/2019

List the contract number of any government contract _____

**CIGNA HealthSpring
 Attn: Assoc. Cheif Counsel
 2900 N. loop West, Suite 1300
 Houston, TX 77092**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Utilities Contract**

State the term remaining

Unknown

List the contract number of any government contract _____

**City of Asheville Water
 P.O. 733
 Asheville, NC 28802-0733**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Endorsement Excess Liability0 EPP-100004**

State the term remaining

01/09/2020

List the contract number of any government contract _____

**Crum and Forster Insurance Company
 c/o Willis of North Carolina, Inc.
 29754 Network Place
 Chicago, IL 60673**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Utilities Contract**

State the term remaining

Unknown

List the contract number of any government contract _____

**Crystal Springs
 P.O. Box 660579
 Dallas, TX 75266-0579**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.22. State what the contract or lease is for and the nature of the debtor's interest **Insurance Contract Wind Hal Policy**

State the term remaining **08/06/2020**

List the contract number of any government contract

**CSP Insurance Services
 2420 Hoffmeyer Rd Suite D
 Florence, SC 29501**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Utilities Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Duke Energy
 PO Box 70516
 Charlotte, NC 28272**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Computer and Phone Services**

State the term remaining **Unknown**

List the contract number of any government contract

**Dynamic Quest/Enroute
 3775 Rosewell Rd Suite 350
 Marietta, GA 30062**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Billing/Client Software**

State the term remaining **Unknown**

List the contract number of any government contract

**eClinical Works, LLC
 PO Box 847950
 Boston, MA 02284-7950**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Billing Softwear/ Subscription Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Experian Health, Inc.
 PO Box 886133
 Los Angeles, CA 90088-6133**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Offsite Storage Contract**

**Extra Storage Space
 104 La Von Ln
 Easley, SC 29642**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Unknown**

List the contract number of any government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement- Medical Doctor (MD)**

State the term remaining **Unknown**

List the contract number of any government contract

**Felix Muniz
1015 Nutt Street, Apt 334
Wilmington, NC 28401**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Banking Agreements-ETC**

State the term remaining **Unknown**

List the contract number of any government contract

**First Citizens Bank & Trust Company
Attn: Natasha Drews
PO Box 29
Columbia, SC 29202**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Copier Contracts**

State the term remaining **Unknown**

List the contract number of any government contract

**G-Five, Inc.
297-H Garlington Rd
Greenville, SC 29615**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Billing Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**GE Healthcare, Inc.
PO Box 640200
Pittsburgh, PA 15264-0200**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Administrative Services Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Granada Neil
1399 Ashleybrook Lane, Suite 100
Winston Salem, NC 27103**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.33.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Professional and Ancillary Provider Agreement- Tricare Program State the term remaining List the contract number of any government contract	Health Net Federal Services, LLC 514 Butler Farm Road VA 23660
2.34.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Business Crime Policy UC2228398219 State the term remaining List the contract number of any government contract	Hiscox Inc c/o Willis of North Carolina, Inc. 29754 Network Place Chicago, IL 60673
2.35.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	NC- Healthcare Claims Payments State the term remaining List the contract number of any government contract	Human Goverment Business (Tricare) Attn: Netwoek Development Dept. 305 N. Hurstbourne Parkway, 2B Louisville, KY 40222
2.36.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SC- Healthcare Claims Payments State the term remaining List the contract number of any government contract	Humana ChoiceCare (Medicare) Attn: Network Development 900 Ashwood Parkway, Suite 500 Atlanta, GA 30338
2.37.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	NC- Healthcare Claims Payments State the term remaining List the contract number of any government contract	Humana- Choice Care Network Attn: President P.O. Box 19013 Green Bay, WI 54307
2.38.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Consultant Contract-Financial Advisory State the term remaining List the contract number of any government contract	Huron Consulting Services, LLC 4795 Paysphere Circle Chicago, IL 60674

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.39. State what the contract or lease is for and the nature of the debtor's interest **Email Hosting Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Immedion, LLC
 PO Box 745116
 Atlanta, GA 30374-5116**

2.40. State what the contract or lease is for and the nature of the debtor's interest **Equipment Maintenance Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**ION Technology Support, Inc.
 1204 Copeland Oaks Drive
 Morrisville, NC 27560**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Paperwork Storage Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Iron Mountain
 PO Box 27128
 New York, NY 10087-7128**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Clinic and Provider Medical Malpractice Insurance**

State the term remaining **Expires: 08/01/2020**

List the contract number of any government contract

**Ironshore Insurance Limited
 175 Powder Forest Dr
 Weatogue, CT 06089**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement- Nurse Practitioner**

State the term remaining **Unknown**

List the contract number of any government contract

**Kathy Motes
 260 Ballantyne Common Circle Apt 204
 Hendersonville, NC 28792**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Exective Risk Package Policy LHP677660**

**Landmark American Insurance Company
 c/o Willis of North Carolina, Inc.
 29754 Network Place
 Chicago, IL 60673-1297**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Expires: 01/09/2020**

List the contract number of any government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest **Real Estate Lease**

State the term remaining **01/21/2021**

List the contract number of any government contract

**Lutheran Services-Arden, NC
 Attn: Kirby Nickerson
 P.O. Box 947
 Salisbury, NC 28145**

2.46. State what the contract or lease is for and the nature of the debtor's interest **NC-Healthcare Claims Payments**

State the term remaining **Unknown**

List the contract number of any government contract

**MedCost
 165 Kimel Park Drive
 Winston Salem, NC 27103**

2.47. State what the contract or lease is for and the nature of the debtor's interest **SC- Healthcare Claims Payments**

State the term remaining **Termed**

List the contract number of any government contract

**Medicaid (NC)
 Attn: Lisa Corbett General Counsel
 2501 Mail Service Center
 Raleigh, NC 27699**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Credit Card Processing Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Merchant Credit Card Processing
 PO Box 6600
 Hagerstown, MD 21741-6600**

2.49. State what the contract or lease is for and the nature of the debtor's interest **SC-Healthcare Claims Payments**

State the term remaining **4 months**

List the contract number of any government contract

**Molina Healthcare
 Attn: Provider Network Department
 P.O. Box 349020
 Columbus, OH 43234**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.50. State what the contract or lease is for and the nature of the debtor's interest **Website Hosting and Management**

State the term remaining **Unknown**

List the contract number of any government contract

**My Web Ninja LLC
 400 W Legion Blvd.
 Owensboro, KY 42303**

2.51. State what the contract or lease is for and the nature of the debtor's interest **Administrative Services Agreement, Management Agreement and Assignable Option Agreement**

State the term remaining

List the contract number of any government contract

**Oaktree Medical Centre, P.C
 P.O. Box 26809
 Greenville, SC 29616**

2.52. State what the contract or lease is for and the nature of the debtor's interest **NC- Healthcare Claims Payments**

State the term remaining **Suspended**

List the contract number of any government contract

**Palmetto GBA (Medicare)
 17 Technology Circle
 Columbia, SC 29203**

2.53. State what the contract or lease is for and the nature of the debtor's interest **SC- Healthcare Claims Payments**

State the term remaining **9 months**

List the contract number of any government contract

**Prime Health Service
 7110 Crossroads Blvd., Suite 100
 Brentwood, TN 37027**

2.54. State what the contract or lease is for and the nature of the debtor's interest **HP/Payroll System Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Propel HR, Inc.
 669 Academy St
 Greenville, SC 29601**

2.55. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement Physicians Assistant (PA)**

State the term remaining **Unknown**

**Ryan Groth
 70 Bent Creek Preserve Road
 Asheville, NC 28806**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.56. State what the contract or lease is for and the nature of the debtor's interest **Real Estate Lease**

State the term remaining

List the contract number of any government contract

**Sandra Cooper Owen
78 Waynewood Drive
Waynesville, NC 28786**

2.57. State what the contract or lease is for and the nature of the debtor's interest **SC- Healthcare Claims Payments**

State the term remaining **11 months**

List the contract number of any government contract

**Select Health (SC Medicaid MCO)
P.O. Box 40849
Charleston, SC 29423**

2.58. State what the contract or lease is for and the nature of the debtor's interest **Shredding Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Shred A Way
PO Box 51132
Piedmont, SC 29673**

2.59. State what the contract or lease is for and the nature of the debtor's interest **Banking Agreement-ETC**

State the term remaining **Unknown**

List the contract number of any government contract

**South State Bank
200 East Broad Street, Suite 100
Greenville, SC 29601**

2.60. State what the contract or lease is for and the nature of the debtor's interest **Utilities Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Spectrum Business
PO Box 70872
Charlotte, NC 28272-0872**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.61. State what the contract or lease is for and the nature of the debtor's interest **Excess Private Management Liability H70164180ASP**

State the term remaining **Expires: 01/2/2020**

List the contract number of any government contract

**Starstone Specialty Insurance Company
 c/o Willis of North Carolina, Inc.
 29754 Network Place
 Chicago, IL 60673-1297**

2.62. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Steeplechase Pathology, LLC
 Attn: Renee Thomas, MD
 1905 Carriage House Lane
 Camden, SC 29020**

2.63. State what the contract or lease is for and the nature of the debtor's interest **Multi Site Service Agreement**

State the term remaining **Unknown**

List the contract number of any government contract

**Stericycle
 PO Box 6582
 Carol Stream, IL 60197-6582**

2.64. State what the contract or lease is for and the nature of the debtor's interest **Pest Control Contract**

State the term remaining **Unknown**

List the contract number of any government contract

**Terminix
 Central Accounting Office
 PO Box 2627
 Columbia, SC 29202-2627**

2.65. State what the contract or lease is for and the nature of the debtor's interest **Independent Directorship**

State the term remaining **Unknown**

List the contract number of any government contract

**Tim Daileader (Drivetrain) EFT
 257 Central Park West Apt 7A
 New York, NY 10024**

2.66. State what the contract or lease is for and the nature of the debtor's interest **Utilities Contract**

State the term remaining

List the contract number of any government contract **Unknown**

**Town of Waynesville CC
 9 S. Main Street, Suite 110
 Waynesville, NC 28786**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.67. State what the contract or lease is for and the nature of the debtor's interest

**Contract Manager
Agreement Coffey
Family Medical**

State the term remaining

Unknown

List the contract number of any government contract

**Trizetto
Dept CH 16897
Palatine, IL 60055-6897**

2.68. State what the contract or lease is for and the nature of the debtor's interest

**Credit Card Processing
Agreement**

State the term remaining

Unknown

List the contract number of any government contract

**TSYS Health Services
12202 Airport Way, Suite 100
Broomfield, CO 80021**

2.69. State what the contract or lease is for and the nature of the debtor's interest

**Executive Risk
Package Policy
DOH00746111**

State the term remaining

Expires: 01/09/2020

List the contract number of any government contract

**Underwriters at Lloyd's London
c/o Willis of North Carolina, Inc.
29754 Network Place
Chicago, IL 60673-1297**

2.70. State what the contract or lease is for and the nature of the debtor's interest

**Endorsement Excess
Liability Policy
ANV122398A**

State the term remaining

Expires 01/09/2020

List the contract number of any government contract

**Underwriters at Lloyd's London
c/o Willis of North Carolina, Inc.
29754 Network Place
Chicago, IL 60673-1297**

2.71. State what the contract or lease is for and the nature of the debtor's interest

**NC- Healthcare Claims
Payments**

State the term remaining

Unknown

List the contract number of any government contract

**United Healthcare
107 Westpark Blvd., Suite 110
Columbia, SC 29210**

2.72. State what the contract or lease is for and the nature of the debtor's interest

**SC- Healthcare Claims
Payments**

**United Healthcare (Veteran's Affairs)
780 Shiloh Road
Plano, TX 75074**

Debtor 1 **Pain Management Associates of North Carolina, P.C.**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **10 months**

List the contract number of any government contract

2.73. State what the contract or lease is for and the nature of the debtor's interest **Utilities Contract- Trash Services**

State the term remaining **Unknown**

List the contract number of any government contract

**Waste Management
PO Box 4648
Carol Stream, IL 60197**

2.74. State what the contract or lease is for and the nature of the debtor's interest **NC- Healthcare Claims Payments**

State the term remaining **Unknown**

List the contract number of any government contract

**WellCare of North Carolina
8735 Henderson Road
Tampa, FL 33634**

2.75. State what the contract or lease is for and the nature of the debtor's interest **Date Extraction Contract Terminated By Balance Due**

State the term remaining **Unknown**

List the contract number of any government contract

**XACT Data Discovery
DBA XACT Data Discovery
5800 Foxridge Dr, Ste 406
Mission, KS 66202**

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Oaktree Medical Centre, LLC**

**P.O. Box 26809
Greenville, SC 29616**

Fidus Investment Corporation

☒ D 2.1
☐ E/F _____
☐ G _____

2.2 **Oaktree Medical Centre, LLC**

**P.O. Box 26809
Greenville, SC 29616**

US Bank Equipment Finance

☒ D 2.2
☐ E/F _____
☐ G _____

2.3 **Oaktree Medical Centre, P.C**

**P.O. Box 26809
Greenville, SC 29616**

Fidus Investment Corporation

☒ D 2.1
☐ E/F _____
☐ G _____

2.4 **Oaktree Medical Centre, P.C**

**P.O. Box 26809
Greenville, SC 29616**

Kathy Motes

☐ D _____
☒ E/F 2.4
☐ G _____

2.5 **Oaktree Medical Centre, P.C**

**P.O. Box 26809
Greenville, SC 29616**

Megan Lancaster

☐ D _____
☒ E/F 2.6
☐ G _____

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Kelsey Moody	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.5</u> <input type="checkbox"/> G _____
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2.7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Abbott (FKA St. Jude)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
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2.8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Accurate Diagnostic	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
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2.9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	ADT-7420 25 H-ARD-EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
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2.10	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Airgas USA, LLC- 2865184	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
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2.11	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Airgas USA, LLC- 2900062	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
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2.12	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Alfonso Interpreting & Transporting, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
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2.13	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Allscripts LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Asbury Med-Sure, LLC (Roger Yapp)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____
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2.15	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Coverys	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.36</u> <input type="checkbox"/> G _____
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2.16	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	CSP Insurance Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.39</u> <input type="checkbox"/> G _____
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2.17	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Duke Energy Progress	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.45</u> <input type="checkbox"/> G _____
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2.18	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Eclinical Works, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.47</u> <input type="checkbox"/> G _____
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2.19	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	First Citizens Bank & Trust Company	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.56</u> <input type="checkbox"/> G _____
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2.20	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	G-Five, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.61</u> <input type="checkbox"/> G _____
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2.21	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Huron Consulting Services, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.76</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Immedion, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.78</u> <input type="checkbox"/> G _____
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2.23	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Iron Mountain-SC77X	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.82</u> <input type="checkbox"/> G _____
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2.24	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Kudzu Staffing, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.89</u> <input type="checkbox"/> G _____
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2.25	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	McGuireWoods, LLP	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.99</u> <input type="checkbox"/> G _____
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2.26	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Medical Laborator Solutions, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.101</u> <input type="checkbox"/> G _____
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2.27	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	My Web Ninja LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.108</u> <input type="checkbox"/> G _____
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2.28	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Premium Funding Associates, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.122</u> <input type="checkbox"/> G _____
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2.29	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Shred A Way-25H-ARD	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.145</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.30	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Spectrum Business	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.151</u> <input type="checkbox"/> G _____
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2.31	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stericycle, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.156</u> <input type="checkbox"/> G _____
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2.32	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	The Benefit Company	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.161</u> <input type="checkbox"/> G _____
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2.33	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Waste Management	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.176</u> <input type="checkbox"/> G _____
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2.34	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	XACT Data Discovery	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.186</u> <input type="checkbox"/> G _____
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2.35	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	American Express 1101	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
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2.36	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Aly Elleithee	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.37	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Arnall Golden Gregory LLP- #32386	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.38	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Asheville Fire Protection Co., Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
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2.39	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	BCBS of NC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.14</u> <input type="checkbox"/> G _____
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2.40	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	BHHS John M Brabham Real Estate	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
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2.41	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Bioventus LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
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2.42	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Blake Leche	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
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2.43	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Boon Administrative Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.44	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Brandy Knight	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.20</u> <input type="checkbox"/> G _____
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2.45	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Bullington Associates, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.46	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Cadwell Laboratories, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
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2.47	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Caine & Weiner	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.23</u> <input type="checkbox"/> G _____
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2.48	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Catherine Thompson-Personal Represent	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
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2.49	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Cerilliant Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
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2.50	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	City of Asheville Water Bill Acct# 0078	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.28</u> <input type="checkbox"/> G _____
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2.51	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	City of Charleston	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.29</u> <input type="checkbox"/> G _____
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2.52	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	City of Florence -8471 CC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.53	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Clia Laboratory Program	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.31</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.54	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Clint Pharmaceuticals	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.32</u> <input type="checkbox"/> G _____
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2.55	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	CMI, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.33</u> <input type="checkbox"/> G _____
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2.56	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Comast	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.34</u> <input type="checkbox"/> G _____
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2.57	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	County of Greenville	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.35</u> <input type="checkbox"/> G _____
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2.58	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Creekridge Capital, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.37</u> <input type="checkbox"/> G _____
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2.59	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Crystal Springs Various	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
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2.60	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Custom Indoor Services (Cleaning)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.40</u> <input type="checkbox"/> G _____
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2.61	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Dixon Board, Office of Investigations	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.41</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.62	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	POMCO	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.121</u> <input type="checkbox"/> G _____
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2.63	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Printtek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.123</u> <input type="checkbox"/> G _____
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2.64	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Dominion Energy	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.42</u> <input type="checkbox"/> G _____
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2.65	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Purchase Power-0962-0380-Corp EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.124</u> <input type="checkbox"/> G _____
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2.66	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Pye-Barker Fire and Safety LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.125</u> <input type="checkbox"/> G _____
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2.67	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Qualcare, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.126</u> <input type="checkbox"/> G _____
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2.68	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Quartz, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.127</u> <input type="checkbox"/> G _____
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2.69	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	ReadyRedresh by Nestle	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.128</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.70	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Reflections Maintenance Services, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.129</u> <input type="checkbox"/> G _____
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2.71	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Registered Agent Solutions Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.130</u> <input type="checkbox"/> G _____
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2.72	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	RMG-Osteoarthritis Centers of Amer	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.131</u> <input type="checkbox"/> G _____
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2.73	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Robert Mathewson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.132</u> <input type="checkbox"/> G _____
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2.74	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Roberts Development-Anderson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.133</u> <input type="checkbox"/> G _____
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2.75	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Robinson Bradshaw & Hinson, PA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.134</u> <input type="checkbox"/> G _____
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2.76	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Donna Rauch	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.43</u> <input type="checkbox"/> G _____
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2.77	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Rojas Landscaping, LLC (1099)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.135</u> <input type="checkbox"/> G _____
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2.78	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Safety-Klenn Systems, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.136</u> <input type="checkbox"/> G _____
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2.79	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Donna Rauch	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.44</u> <input type="checkbox"/> G _____
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2.80	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Santee Cooper-393782 EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.137</u> <input type="checkbox"/> G _____
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2.81	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Scrub SHop, The	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.139</u> <input type="checkbox"/> G _____
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2.82	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	SE Construction, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.140</u> <input type="checkbox"/> G _____
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2.83	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Security Central	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.141</u> <input type="checkbox"/> G _____
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2.84	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	SFM Risk Soulutions	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.143</u> <input type="checkbox"/> G _____
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2.85	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Shaul Law	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.144</u> <input type="checkbox"/> G _____
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2.86	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Smith Jordan & Lavery PA 16-0329E	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.146</u> <input type="checkbox"/> G _____
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2.87	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Smith, Jordan & Lavery, PA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.147</u> <input type="checkbox"/> G _____
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2.88	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Southern Guanty Inc. Company	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.148</u> <input type="checkbox"/> G _____
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2.89	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Special Funds	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.149</u> <input type="checkbox"/> G _____
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2.90	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Spectrio	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.150</u> <input type="checkbox"/> G _____
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2.91	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stanford Dosimetry, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.152</u> <input type="checkbox"/> G _____
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2.92	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Easley Comb Utilities-64622001-BC -ES EF	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.46</u> <input type="checkbox"/> G _____
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2.93	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Electric City Utilities CC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.48</u> <input type="checkbox"/> G _____
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2.94	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Electrode Store, The	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____
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2.95	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	State of Georgis EX REL Terri Nix	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.154</u> <input type="checkbox"/> G _____
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2.96	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Elliot Davis Decosimo, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
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2.97	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stephanie Webb	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.155</u> <input type="checkbox"/> G _____
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2.98	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Employment Screening Services, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.51</u> <input type="checkbox"/> G _____
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2.99	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stone's Pest Services, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.158</u> <input type="checkbox"/> G _____
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2.10 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stryker Sales Corp (Cactus)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.159</u> <input type="checkbox"/> G _____
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2.10 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Terri Nix	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.160</u> <input type="checkbox"/> G _____
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2.10 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Thrivent	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.162</u> <input type="checkbox"/> G _____
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2.10 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Total Medical Equipment Sales, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.163</u> <input type="checkbox"/> G _____
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2.10 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Town of Waynesville CC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.164</u> <input type="checkbox"/> G _____
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2.10 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Tracy Hawkins	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.165</u> <input type="checkbox"/> G _____
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2.10 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	TRansmed Co, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.166</u> <input type="checkbox"/> G _____
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2.10 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Travelers Ins Property Casualty	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.167</u> <input type="checkbox"/> G _____
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2.10 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Uline	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.168</u> <input type="checkbox"/> G _____
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2.10 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Uniform Advantage	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.169</u> <input type="checkbox"/> G _____
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2.11 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	US of America Ex REL Donna Rauch	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.172</u> <input type="checkbox"/> G _____
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2.11 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	US of America Ex REL Robert Mathewson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.173</u> <input type="checkbox"/> G _____
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2.11 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	US of America Ex REL Terri Nix	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.174</u> <input type="checkbox"/> G _____
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2.11 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	US of America Ex REL Tracy Hawkins	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.175</u> <input type="checkbox"/> G _____
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2.11 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Upstate Exterminating & Pest Control Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.170</u> <input type="checkbox"/> G _____
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2.11 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	US Compounding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.171</u> <input type="checkbox"/> G _____
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2.11 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	WC Bunch & Associates	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.177</u> <input type="checkbox"/> G _____
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2.11 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	WC State of Connecticut	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.178</u> <input type="checkbox"/> G _____
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2.11 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	WCO Broadspire/Medcor- WCO	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.179</u> <input type="checkbox"/> G _____
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2.11 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	WCO Connecticut Interlocal Risk Manageme	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.180</u> <input type="checkbox"/> G _____
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2.12 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	WCO Gallagher Bassett Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.181</u> <input type="checkbox"/> G _____
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2.12 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	WCO Medivest	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.182</u> <input type="checkbox"/> G _____
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2.12 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Wesley Janitorial Service LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.183</u> <input type="checkbox"/> G _____
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2.12 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Windstream-1517 EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.184</u> <input type="checkbox"/> G _____
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2.12 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	X-Ray Compliance Soulution, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.185</u> <input type="checkbox"/> G _____
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2.12 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	York X-Ray- M498-Anderson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.187</u> <input type="checkbox"/> G _____
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2.12 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	York X-Ray- M568 West Columbia	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.188</u> <input type="checkbox"/> G _____
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2.12 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	SC Department of Health & Environmental	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.138</u> <input type="checkbox"/> G _____
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2.12 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Select Laboratory- SC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.142</u> <input type="checkbox"/> G _____
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2.12 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Ever Green Enviromental, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.53</u> <input type="checkbox"/> G _____
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2.13 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	IMCS Integrated Micro-Chromatograp hy Sys	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.77</u> <input type="checkbox"/> G _____
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2.13 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Fagron Sterile Services (JCB)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.54</u> <input type="checkbox"/> G _____
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2.13 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Infinity Enterprises-Florence	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.79</u> <input type="checkbox"/> G _____
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2.13 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Integra Pain Management	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.80</u> <input type="checkbox"/> G _____
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2.13 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Fibrenew	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.55</u> <input type="checkbox"/> G _____
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2.13 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	James Earle's Cleaning Services (1099)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.84</u> <input type="checkbox"/> G _____
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2.13 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	JANT Pharmacal	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.85</u> <input type="checkbox"/> G _____
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2.13 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	First Citizens Bank-Visa	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.57</u> <input type="checkbox"/> G _____
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2.13 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Jones Day	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.87</u> <input type="checkbox"/> G _____
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2.13 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Fisher Scientific	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____
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2.14 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Konig PM LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.88</u> <input type="checkbox"/> G _____
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2.14 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Forethought	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.59</u> <input type="checkbox"/> G _____
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2.14 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Labtech Diagnostics	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.90</u> <input type="checkbox"/> G _____
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2.14 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Lipomed	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.91</u> <input type="checkbox"/> G _____
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2.14 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Lucious Dana Sapp	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.92</u> <input type="checkbox"/> G _____
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2.14 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Lutheran Services-Arden, NC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.93</u> <input type="checkbox"/> G _____
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2.14 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Mag Mutual Insurance Agency, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.94</u> <input type="checkbox"/> G _____
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2.14 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Magnacare	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.95</u> <input type="checkbox"/> G _____
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2.14 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Marion Davis Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.96</u> <input type="checkbox"/> G _____
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2.14 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Marlene Sapp	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.97</u> <input type="checkbox"/> G _____
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2.15 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Mary Black Health- Spartaburg	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.98</u> <input type="checkbox"/> G _____
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2.15 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Mckesson Medical- Surgical	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.100</u> <input type="checkbox"/> G _____
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2.15 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Mediplus	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.102</u> <input type="checkbox"/> G _____
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2.15 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Forgione	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.60</u> <input type="checkbox"/> G _____
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2.15 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Medtronic Inc., USA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.103</u> <input type="checkbox"/> G _____
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2.15 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	MP Computer Systems Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.104</u> <input type="checkbox"/> G _____
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2.15 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Garfield Signs & Graphics, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.62</u> <input type="checkbox"/> G _____
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2.15 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	MSA CAre Guard	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.105</u> <input type="checkbox"/> G _____
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2.15 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	GE Healthcare IITS USA Corp	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.63</u> <input type="checkbox"/> G _____
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2.15 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	GE Healthcare-Chicago	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.64</u> <input type="checkbox"/> G _____
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2.16 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	GEHA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.65</u> <input type="checkbox"/> G _____
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2.16 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Muriel Calhoun	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.106</u> <input type="checkbox"/> G _____
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2.16 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Georgetown Physician Services LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.66</u> <input type="checkbox"/> G _____
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2.16 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Muriel Calhoun	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.107</u> <input type="checkbox"/> G _____
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2.16 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	NALC- CIGNA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.109</u> <input type="checkbox"/> G _____
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2.16 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Great Heron - W Columbia EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.67</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

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2.16 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Nelson Mullins Riley&Scarborough LLP EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.110</u> <input type="checkbox"/> G _____
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2.16 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Norma Lee Wilson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.111</u> <input type="checkbox"/> G _____
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2.16 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Ogletree Deakins	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.112</u> <input type="checkbox"/> G _____
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2.16 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	OTIS Elevator Company	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.113</u> <input type="checkbox"/> G _____
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2.17 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Greenville Office Supply (GOS)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.68</u> <input type="checkbox"/> G _____
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2.17 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Greenville Water	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.69</u> <input type="checkbox"/> G _____
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2.17 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Palmetto GBA/Medicare-SC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.114</u> <input type="checkbox"/> G _____
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2.17 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	PERMA	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.115</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

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2.17 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Phenomenex	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.116</u> <input type="checkbox"/> G _____
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2.17 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Pioneer credit Recovery	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.117</u> <input type="checkbox"/> G _____
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2.17 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Platinum Code	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.118</u> <input type="checkbox"/> G _____
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2.17 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Plumbers and Pipefitters	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.119</u> <input type="checkbox"/> G _____
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2.17 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	PMD- Lakeside	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.120</u> <input type="checkbox"/> G _____
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2.17 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Grove 1005 - Grove Rd Greenville	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.18 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Halyard Sales, LLC (Avanos)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.71</u> <input type="checkbox"/> G _____
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2.18 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Hatchell Landscape-FLO	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.72</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

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2.18 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Henry Schein- 4636 - EFT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.73</u> <input type="checkbox"/> G _____
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2.18 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Highland Center Drive- Columbia	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.74</u> <input type="checkbox"/> G _____
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2.18 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Humana Gold Choice	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.75</u> <input type="checkbox"/> G _____
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2.18 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Chapman and Cutler, LLP	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
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2.18 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Staples Business Advantage	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.153</u> <input type="checkbox"/> G _____
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2.18 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Bannister, Wyatt & Stalvey, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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2.18 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	City of Asheville Water	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____
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2.18 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Employment Security Commission	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.52</u> <input type="checkbox"/> G _____
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

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2.19 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	ION Technology Support, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.81</u> <input type="checkbox"/> G _____
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2.19 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Iron Mountain- SR995-Storage	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.83</u> <input type="checkbox"/> G _____
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2.19 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Johnson Controls Security Solutions	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.86</u> <input type="checkbox"/> G _____
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2.19 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stericycle, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.157</u> <input type="checkbox"/> G _____
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2.19 4	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Accident Fund (Workers Compensation)	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.3</u>
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2.19 5	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	ADT	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
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2.19 6	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Airgas USA, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.6</u>
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2.19 7	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Alhambra US	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.7</u>
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Debtor **Pain Management Associates of North Carolina, P.C.**

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2.19 8	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Allscripts LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.8</u>
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2.19 9	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Ameritas Life Insurance Corp-Dental	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.9</u>
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2.20 0	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Answerprocommunic ations, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.10</u>
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2.20 1	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Asbury Med-Sure, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.11</u>
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2.20 2	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Athenahealth	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.12</u>
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2.20 3	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	CSP Insurance Services	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.22</u>
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2.20 4	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Duke Energy	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.23</u>
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2.20 5	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Dynamic Quest/Enroute	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.24</u>
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Debtor **Pain Management Associates of North Carolina, P.C.**

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2.20 6	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Eclinical Works, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.25</u>
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2.20 7	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Experian Health, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.26</u>
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2.20 8	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	First Citizens Bank & Trust Company	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.29</u>
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2.20 9	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	GE Healthcare, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.31</u>
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2.21 0	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	G-Five, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.30</u>
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2.21 1	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Hiscox Inc	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.34</u>
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2.21 2	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Huron Consulting Services, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.38</u>
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2.21 3	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Immedion, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.39</u>
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Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

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2.21 4	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Iron Mountain	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.41</u>
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2.21 5	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Ironshore Insurance Limited	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.42</u>
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2.21 6	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Kathy Motes	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.43</u>
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2.21 7	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Landmark American Insurance Company	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.44</u>
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2.21 8	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	Merchant Credit Card Processing	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.48</u>
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2.21 9	Oaktree Medical Centre, LLC	P.O. Box 26809 Greenville, SC 29616	My Web Ninja LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.50</u>
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2.22 0	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Propel HR, Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.54</u>
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2.22 1	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Ryan Groth	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.55</u>
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Debtor **Pain Management Associates of North Carolina, P.C.**

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2.22 2	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Shred A Way	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.58</u>
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2.22 3	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	South State Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.59</u>
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2.22 4	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Spectrum Business	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.60</u>
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2.22 5	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Starstone Specialty Insurance Company	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.61</u>
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2.22 6	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Steeplechase Pathology, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.62</u>
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2.22 7	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Stericycle	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.63</u>
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2.22 8	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Terminix	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.64</u>
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2.22 9	Oaktree Medical Centre, P.C	P.O. Box 26809 Greenville, SC 29616	Tim Daileader (Drivetrain) EFT	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.65</u>
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Debtor **Pain Management Associates of North Carolina, P.C.**

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2.23
0 **Oaktree Medical
Centre, P.C** **P.O. Box 26809
Greenville, SC 29616**

Trizetto

☐ D _____
☐ E/F _____
☒ G 2.67

2.23
1 **Oaktree Medical
Centre, P.C** **P.O. Box 26809
Greenville, SC 29616**

TSYS Health Services

☐ D _____
☐ E/F _____
☒ G 2.68

2.23
2 **Oaktree Medical
Centre, P.C** **P.O. Box 26809
Greenville, SC 29616**

**Underwriters at
Lloyd's London**

☐ D _____
☐ E/F _____
☒ G 2.69

2.23
3 **Oaktree Medical
Centre, P.C** **P.O. Box 26809
Greenville, SC 29616**

**Underwriters at
Lloyd's London**

☐ D _____
☐ E/F _____
☒ G 2.70

2.23
4 **Oaktree Medical
Centre, P.C** **P.O. Box 26809
Greenville, SC 29616**

Waste Management

☐ D _____
☐ E/F _____
☒ G 2.73

2.23
5 **Oaktree Medical
Centre, P.C** **P.O. Box 26809
Greenville, SC 29616**

XACT Data Discovery

☐ D _____
☐ E/F _____
☒ G 2.75

Fill in this information to identify the case:

Debtor name **Pain Management Associates of North Carolina, P.C.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From **1/01/2019** to **12/31/2019**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$417,993.00

For year before that:
From **1/01/2018** to **12/31/2018**

☒ Operating a business

☐ Other _____

\$848,988.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	South Carolina Opioid Litigation CA No. 2018-CP-23-01294	Lawsuit on behalf of county governments against dozens of pharmacies, practices, providers, etc. including CVS, Walgreens, Walmart, etc.	Greenville County 13th Judicial Circuit 305 E. North Street #325 Greenville, SC 29601	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	City of Charleston vs. Purdue Pharma LO., et. al. CA No. 2019-CP-10-4294	RE: South Carolina Opioid Litigation	South Carolina Court of Common Pleas Ninth Circuit District 100 Broad Street Charleston, SC 29401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	United States of America, et. re. No. 6:15-cv-01589-DCC		Greenville County 13th Judicial Circuit 305 E. North Street #325 Greenville, SC 29601	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known)

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Ivey, McClellan, Gatton & Siegmund 100 S. Elm St, Ste. 500 Greensboro, NC 27401	Attorney Fees \$2,665.00 and Filing Fee \$335.00	10/15/2019	\$3,000.00

Email or website address

Who made the payment, if not debtor?
Dr. Granada Neil

11.2. Patrick Lawton 226 Peters Glenn Ct. Simpsonville, SC 29681	Preparation of bankruptcy documents	04/2020	\$2,000.00
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Email or website address

Who made the payment, if not debtor?
Dr. Granada Neil

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. Corporate Office 25 Airpark Court Greenville, SC 29607	01/01/2016-09/19/2019
14.2. Medical Clinic 2561 Hendersonville Road Arden, NC 28704	02/01/2015-08/30/2019
14.3. Medical Clinic 49 Galloway Street Waynesville, NC 28786	04/21/2016-07/01/2019
14.4. Medical Clinic 316 W. Main Street Franklin, NC 28734	01/01/2016-06/01/2018

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Pain Management Associates of North Carolina, PCC- Arden 2561 Hendersonville Road Arden, NC 28704	Medical diagnosis, treatment, and medication management	1,579
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Electronic and offsite storage with Shred America, LLC and with Huron Consulting Services, LLC	How are records kept? Check all that apply:

Debtor Pain Management Associates of North Carolina, P.C. Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

☐ Electronically

☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

Patient medical and insurance policy information, address, phone number, date of birth, and social security numbers

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☒ No Go to Part 10.

☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. **Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. **Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. **Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known)

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Extra Storage Space 104 La Von Ln Easley, SC 29642	Daniel McCollum 435 Providence Way Easley, SC 29642 and Mandy Dalton 247 Audobon Acres Drive Easley, SC 29642	Furniture and Fixtures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Shred America Records Storage 1682 Katy Lane Fort Mill, SC 29708	Patrick Lawton 226 Peters Glenn Ct. Simpsonville, SC 29681	Paperwork	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Life Storage 1701 Woodruff Road Greenville, SC 29607	Patrick Lawton 226 Peters Glenn Ct. Simpsonville, SC 29681	Corporate Documents/ Physical Corporate Servers	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Dynamic Quest (Enroute Networks) 3775 Roswell Road Marietta, GA 30062	Patrick Lawton 226 Peters Glenn Ct. Simpsonville, SC 29681	ECW System (Medical Records) Accounting and Electronic Corporate Files	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No.
☐ Yes. Provide details below.

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Christine Ouelette 7 Stono Drive Greenville, SC 29609	04/11/2016-08/22/2019
26a.2. David Webb 220 Chealses Place Ave. Ormond Beach, FL 32174	04/06/2015-03/08/2019

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Elliott Davis, LLC 200 E. Broad Street Greenville, SC 29601	Continuous- General Accounting/Tax filings/ No audits performed

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Iron Mountain 1166 6th Avenue New York, NY 10036	Paperwork Only
26c.2. Shred America Records Storage 1682 Katy Lane Fort Mill, SC 29708	Paperwork Only

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

Name and address		If any books of account and records are unavailable, explain why
26c.3.	Life Storage 1701 Woodruff Road Greenville, SC 29607	Corporate Documents/ Physical Corporate Serves/ Other remaining Equipment
26c.4.	Enroute Networks 3775 Roswell Road Marietta, GA 30062	Online Active Servers with Accounting and all other records
26c.5.	Propel HR 669 N. Academy Street Greenville, SC 29601	Human Resources/Payroll Data
26c.6.	Huron Consulting Services, LLC Attn: Aaron Kibbey 1166 Avenue of the Americas, Suite 300 New York, NY 10036	Chief Restructuring Officer

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	Alleon Capital 1086 Teaneck Road, Suite 4D Teaneck, NJ 07666
26d.2.	Camac Partners 401 Park Ave S New York, NY 10016
26d.3.	Capitol Pain a/k/a CPI 8015 Shoal Creek Blvd, Suite 103 Austin, TX 75757
26d.4.	New State Capital 2001 Palmer Ave, Suite 205 Larchmont, NY 10538
26d.5.	JMB Capital 999 Avenue of the Stars #2040 Los Angeles, CA 90067
26d.6.	Lifebrite Christian Fletcher 9 Coporate Blvd., Suite 150 Atlanta, GA 30329
26d.7.	United States Department of Justice Attn: Christopher Teranova 175 N. Street NE Washington, DC 20002
26d.8.	Fidus Investment Corporation 1603 Orrington #810 Evanston, IL 60201
26d.9.	West Family Investments, Inc. 1603 Orrington #810 Evanston, IL 60201

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Pain Management Associates of North Carolina, P.C.**

Case number (if known) _____

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Daniel McCollum	435 Providence Way Easley, SC 29642	Management Contract	0%
Granada Neil	1399 Ashleybrook Lane, Suite 100 Winston Salem, NC 27103	Shareholder	100%
Aaron Kibbey	1166 Avenue of the Americas, Suite 300 New York, NY 10036	Chief Restructuring Officer	0%
Timothy Daileader	257 Central Park West, Apt. 7A New York, NY 10024	Independent Board Member	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Granada Neil 1399 Ashleybrook Lane, Suite 100 Winston Salem, NC 27103	\$15,000.00	See attachment B	1099 Payments
Relationship to debtor Shareholder			

Debtor **Pain Management Associates of North Carolina, P.C.** Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Timothy Daileader (Drive Train) 257 Central Park West, Apt. 7A New York, NY 10024	\$92,155.72	See attachment B	Independent Board Member
	Relationship to debtor Independent Board Member			
30.3	Daniel McCollum 435 Providence Way Easley, SC 29642	\$126,024.12	See attachment B	Wages: \$43,141.32 1099: \$82,882.80
	Relationship to debtor Management Contract			
30.4	Joseph O'Quinn 12 Kettering Ct. Easley, SC 29642	\$66,529.90	See attachment B	Wages
	Relationship to debtor			
30.5	JWO Enterprise, LLC Joseph O'Quinn 12 Kettering Ct. Easley, SC 29642	\$19,830.75	See attachment B	1099
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Oaktree Medical Center, PC via MSA	EIN: 58-2332081

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation

Debtor Pain Management Associates of North Carolina, P.C.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 29, 2020

/s/ Granada Neil

Signature of individual signing on behalf of the debtor

Granada Neil

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

In re **Pain Management Associates of North Carolina, P.C.**

Case No.

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS
Attachment B

Debtor Name	Insider Name	Relationship to Debtor	Dates of Payments	Amount Paid	Description of payment or transfer
Pain Management Associates of North Carolina, PC	Granada Neil	Friendly Shareholder of PMA of NC	04/15/2019	2,500.00	1099 Payment
Pain Management Associates of North Carolina, PC	Granada Neil	Friendly Shareholder of PMA of NC	05/15/2019	2,500.00	1099 Payment
Pain Management Associates of North Carolina, PC	Granada Neil	Friendly Shareholder of PMA of NC	06/14/2019	2,500.00	1099 Payment
Pain Management Associates of North Carolina, PC	Granada Neil	Friendly Shareholder of PMA of NC	07/15/2019	2,500.00	1099 Payment
Pain Management Associates of North Carolina, PC	Granada Neil	Friendly Shareholder of PMA of NC	08/15/2019	2,500.00	1099 Payment
Pain Management Associates of North Carolina, PC	Tim Daileader (DriveTrain)	Independent Boad Member - Oaktree	05/03/2019	46,176.19	Independent Board Member Fees
Pain Management Associates of North Carolina, PC	Tim Daileader (DriveTrain)	Independent Boad Member - Oaktree	07/12/2019	45,979.53	Independent Board Member Fees
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	04/26/2019	\$5,379.38	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	05/10/2019	\$5,379.38	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	05/24/2019	\$5,379.37	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	06/07/2019	\$5,379.38	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	06/21/2019	\$5,411.96	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	07/05/2019	\$5,942.65	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	07/19/2019	\$5,942.65	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	08/02/2019	\$2,678.49	Wages, Net
Pain Management Associates of North Carolina, PC	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	08/16/2019	\$1,648.06	Wages, Net
Pain Management Associates of North Carolina, PC (1099)	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	04/26/2019	13,813.80	1099 Payment
Pain Management Associates of North Carolina, PC (1099)	Daniel McCollum	Oaktree Medical Centre PC / LLC 100% Shareholder	05/09/2019	13,813.80	1099 Payment

Pain Management Associates of North Carolina, PC	Daniel McCollum (1099)	Oaktree Medical Centre PC / LLC 100% Shareholder	05/23/2019	13,813.80	1099 Payment
Pain Management Associates of North Carolina, PC	Daniel McCollum (1099)	Oaktree Medical Centre PC / LLC 100% Shareholder	06/06/2019	13,813.80	1099 Payment
Pain Management Associates of North Carolina, PC	Daniel McCollum (1099)	Oaktree Medical Centre PC / LLC 100% Shareholder	06/20/2019	13,813.80	1099 Payment
Pain Management Associates of North Carolina, PC	Daniel McCollum (1099)	Oaktree Medical Centre PC / LLC 100% Shareholder	07/03/2019	13,813.80	1099 Payment
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	04/26/2019	\$6,648.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	05/10/2019	\$6,649.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	05/24/2019	\$6,650.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	06/07/2019	\$6,651.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	06/21/2019	\$6,652.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	07/05/2019	\$6,653.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	07/19/2019	\$6,654.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	08/02/2019	\$6,655.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	08/16/2019	\$6,656.49	Wages, Net
Pain Management Associates of North Carolina, PC	Joseph O'Quinn	100% owner of First Choice Healthcare	08/30/2019	\$6,657.49	Wages, Net
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	04/26/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	05/10/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	05/23/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	06/06/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	06/20/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	06/28/2019	600.00	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	07/03/2019	3,846.15	1099 Payment

Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	07/18/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	07/26/2019	155.00	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	08/01/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	08/15/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	08/29/2019	3,846.15	1099 Payment
Pain Management Associates of North Carolina, PC	JWO Enterprise, LLC / Joseph O'Quinn	100% owner of First Choice Healthcare	08/29/2019	12,980.77	1099 Payment

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Western District of North Carolina**

In re **Pain Management Associates of North Carolina, P.C.**
Debtor(s)

Case No. _____
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>2,665.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>2,665.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in adversary proceedings & other contested bankruptcy matters.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 29, 2020

Date

/s/ Dirk W. Siegmund

Dirk W. Siegmund 20796

Signature of Attorney

Ivey, McClellan, Gatton & Siegmund

100 S. Elm St, Ste. 500

Greensboro, NC 27401

336-274-4658 Fax: 336-274-4540

Name of law firm

**United States Bankruptcy Court
Western District of North Carolina**

In re **Pain Management Associates of North Carolina, P.C.**
Debtor(s)

Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 29, 2020**

/s/ Granada Neil
Granada Neil/President
Signer/Title

AARP- (united Healthcare) Medicare
107 Westpark Blvd., Suite 110
Columbia, SC 29210

Abbott (FKA St. Jude)
22400 Network Place
Chicago, IL 60673

Absolute Total Care
1441 Main Street #900
Columbia, SC 29201

Accident Fund (Workers Compensation)
Insurance Company of America
P.O. Box 489017990
Lansing, MI 48901

Accurate Diagnostice
1635 E. North Street
Greenville, SC 29607

ADT
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York X-Ray- M568 WEst Columbia
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**United States Bankruptcy Court
Western District of North Carolina**

In re **Pain Management Associates of North Carolina, P.C.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Pain Management Associates of North Carolina, P.C.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

April 29, 2020

Date

/s/ Dirk W. Siegmund

Dirk W. Siegmund 20796

Signature of Attorney or Litigant

Counsel for **Pain Management Associates of North Carolina, P.C.**

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